STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010757	A. BUILDING _____ B. WING _____	R-C 02/27/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF VALPARAISO	**2601 VALPARAISO ST VALPARAISO, IN 46383**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post survey Revisit (PSR) to the State Residential Licensure Survey completed on 01/4/13. Facility number: 10757 Provider number: 10757 AIM number: N/A Survey team: Regina Sanders, RN, TC Census bed type: Residential: 51 Total: 51 Census payor type: Other: 51 Total: 51 Sample: 3 Sterling House of Valparaiso was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey. Quality review completed on Febuary 27, 2013, by Janelyn Kulik, RN.	{R 000}		